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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

D4861-040 [3230-37]

First Named Inventor

EDLER, David

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CORRUGATED TUBE FITTING

(Title of the Invention)

the specification of which



Is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
(NONE)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="checked" type="checkbox"/>		Customer Number or Bar Code Label		08933		OR <input type="checkbox"/> Correspondence address below	
<b>Name</b> DUANE MORRIS, LLP, Attention Stephan Gribok							
<b>Address</b> One Liberty Place, 1650 Market Street							
<b>City</b> Philadelphia				<b>PA</b> <small>State</small>		<b>19103-7396</b> <small>ZIP</small>	
<b>Country</b> USA			<b>215-979-1283</b> <small>Telephone</small>			<b>215-979-1020</b> <small>Fax</small>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>NAME OF SOLE OR FIRST INVENTOR :</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> David <small>(first and middle [if any])</small>				<b>Family Name</b> EDLER <small>or Surname</small>			
<b>Inventor's Signature</b> 						<b>Date</b> 7/31/03	
<b>Waterville</b> <small>Residence: City</small>			<b>PA</b> <small>State</small>		<b>USA</b> <small>Country</small>		<b>USA</b> <small>Citizenship</small>
<b>Mailing Address</b> 104 School House Lane							
<b>Waterville</b> <small>City</small>			<b>PA</b> <small>State</small>		<b>17776</b> <small>ZIP</small>		<b>USA</b> <small>Country</small>
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> <small>(first and middle [if any])</small>				<b>Family Name</b> <small>or Surname</small>			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
<b>Mailing Address</b>							
<b>City</b>			<b>State</b>		<b>ZIP</b>		<b>Country</b>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

PTO/SB/81 (08-03)

Approved for use through 11/30/2005. OMB 0851-0035  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	(filed herewith)
First Named Inventor	EDLER, David
Title	CORRUGATED TUBE FITTING
Art Unit	
Examiner Name	
Attorney Docket Number	D4861-040 (3230-37)

I hereby appoint:

☒ Practitioners at Customer Number:

08933

OR

☐ Practitioner(s) named below:

Name	Registration Number
Stephan P. Gribok	29,643

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR


<input type="checkbox"/> Firm or Individual Name	Duane Morris, LLP				
Address	One Liberty Place, 1650 Market Street				
Address					
City	Philadelphia	State	PA	Zip	19103-7396
Country	USA				
Telephone	215-979-1283	Fax	215-979-1020		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Name	Highlands Corporation, by:		title:	CEO
Signature				
Date	8/26/03	Telephone		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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